

**POLICY 24 SUICIDE AND SELF-HARM SCREENING, ASSESSMENT
AND INTERVENTION**

Policy Committee Chair

Don Mead, Ed. D.
Superintendent, Echo Glen
Juvenile Justice & Rehabilitation Administration

Approved


John Clayton, Assistant Secretary
Juvenile Justice & Rehabilitation Administration
2/1/2013

Authorizing Sources

RCW Chapter 13.40
RCW Chapter 72.05
RCW 71.05.525
RCW 71.34.795

Information Contact

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I. PURPOSE AND SCOPE

This policy establishes requirements for suicide and self-harm screening, assessment and intervention in JR facilities.

All staff, contractors, volunteers, and interns working in the Division of Juvenile Institution Programs, Division of Community Programs and Parole, and the Division of Operations and Support Services are responsible for reviewing and complying with JR policies. Jails and detention programs may use their own self-harm and suicide screening, assessment and intervention plans approved by their health care authority.

II. DEFINITIONS

Designated Mental Health Professional (DMHP): Qualified JRA staff, selected by a panel chaired by the JRA Clinical or Medical Director, to provide approval of suicide precaution levels, consultation and supervision conditions.

Health Care Professional: At facilities with access only to community medical facilities, this means a nurse, nurse practitioner, physician assistant, or physician. At facilities with on-site medical staff, this refers to a physician, nurse practitioner or physician assistant.

Professional Medical Attention: Medical treatment that requires the level of professional training or expertise of a health care professional to address an injury or medical issue, this does not include basic first aid.

Protective Factors: Conditions or circumstances that build resilience, shield the negative effects of risk factors and warning signs, and are associated with reduced potential for suicide and self-harm.

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Risk Factors and Warning Signs: Variables or changes in behavior indicating an increased likelihood a youth will engage in suicide or self-harm behavior.

Self-Harm Behavior: Thoughts, urges, communication or acts with intent to injure self.

Suicidal Behavior: Thoughts, urges, communication or acts with intent to kill self.

Suicide Precaution Level (SPL): An assigned classification that designates specific steps to supervise a youth identified with suicide or self harm behaviors or risk factors.

Suicide Self-harm Screen (SSS) - A screening tool used to evaluate suicide risk.

Supervision Conditions: Requirements approved by the DMHP to structure a youth's environment while on a Suicide Precaution Level.

III. POLICY

1. JR will intervene when youth are known to be exhibiting suicidal or self-harm behavior. Staff will immediately obtain medical care as needed.
2. JR will ensure that staff who supervise youth are oriented and trained to suicide and self-harm screening, intervention, and policy. Staff orientation and training records will be documented and maintained.
3. Staff will communicate and document known suicidal and self-harm behavior to transportation staff and any receiving facility prior to a youth's transport in accordance with Policy 18, Transporting JR Youth.
 - 3.1. Youth on Suicide Precaution Levels (SPL) 1 or 2 (or comparable level from a non-JR program) will not be transported by the Transportation Unit. Alternative transportation will be arranged by the sending and receiving programs.
 - 3.2. Youth on SPL 3 or 4 may be transported by the JR Transportation Unit with approval of the Transportation Unit Administrator or designee.
4. Youth with current or significant recent suicide ideation or behavior during the diagnostic process will be assigned to Echo Glen Children's Center or Green Hill School dependent on age and gender.

RESIDENTIAL

5. Staff will provide direct observation of youth until the initial Suicide Self harm Screen (SSS) Suicide and Self-Harm Screen is completed.
6. Staff will complete an SSS and consult with the DMHP:
 - 6.1. At intake to a residential facility;
 - 6.2. When there is evidence of risk factors or warning signs, and
 - 6.3. When a change in SPL may be warranted.

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7. Staff will immediately place a youth on an SPL when indicated by the SSS, known risk factors or warning signs.

7.1. SPL 1 – Staff will place youth on SPL 1 if the youth's suicidal or self-harm behavior:

7.1.1. Occurred during the past 24 hours; and

7.1.2. Caused an injury requiring professional medical attention.

7.1.2.1. Staff will report to Child Protective Services suicide/self-harm injuries that required professional medical attention consistent with *JR Policy 34, Reporting of JR Youth Abuse or Neglect*.

7.2. SPL 2 – Staff will place a youth on SPL 2 if the youth exhibits suicidal or self-harm behavior:

7.2.1. That occurred in the past 24 hours; and

7.2.2. Cause an injury that did not require professional medical attention.

7.3. SPL 3 – Staff will place a youth on SPL 3 if the youth:

7.3.1. Exhibits recent self-harm behavior that does not meet Level 1 or 2 requirements, and

7.3.2. Will not agree to abstain from self-harm acts, or

7.3.3. Will not agree to alert staff when having thoughts, urges or intending to self-harm.

7.4. SPL 4 – Staff will place a youth on SPL 4 if the youth:

7.4.1. Has a known history of suicidal or self-harm behavior within the past six months; or

7.4.2. Presents risk factors and warning signs without mitigating protective factors.

8. Staff will consult as soon as possible with the DMHP for approval or adjustment of the SPL and supervision conditions.

8.1. DMHP will review, approve or adjust SPL and supervision conditions.

8.2. DMHP will document consultation, approved SPLs, and supervision conditions in the DMHP log. DMHP will review and approve SSS in ACT.

8.3. Staff will adhere to, implement and document the DMHP-approved SPL and supervision conditions on the appropriate Supervision Conditions forms:

9. In addition to supervision conditions assigned by the DMHP, staff must adhere to supervision conditions required for each level of SPL.

9.1. SPL 1 requires staff to:

9.1.1. Intervene when youth are known to be exhibiting suicidal or self-harm behavior.

9.1.2. Immediately obtain medical care as needed.

9.1.3. Provide one to one continuous supervision and conduct no other task.

9.1.4. Maintain full view of youth and keep within three feet of distance.

9.1.5. Upon SPL placement, conduct room search (in accordance with Policy 42, *Search & Seizure*) and remove potentially harmful objects.

9.1.6. Visually monitor use of bathroom and shower.

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9.1.7. Notify DMHP of new risk factors, warning signs, or a decrease in protective factors.

9.1.8. Document observations, behaviors, or interaction every 10 minutes in the Youth Suicide Precaution Tracking form.

9.2. SPL 2 requires staff to:

9.2.1. Intervene when youth are known to be exhibiting suicidal or self-harm behavior.

9.2.2. Immediately obtain medical care as needed.

9.2.3. Upon SPL placement, conduct room search (in accordance with Policy 42, *Search & Seizure*) and remove potentially harmful objects.

9.2.4. Maintain youth outside their room and in group milieu during waking hours when possible.

9.2.5. Provide auditory monitoring of bathroom and shower use; keep door ajar and make visual observation at least every three minutes.

9.2.6. Notify DMHP of new risk factors, warning signs, or a decrease in protective factors.

9.2.7. Document observations, behaviors, or interaction every 10 minutes in the Youth Suicide Precaution Tracking form.

9.3. SPL 3 requires staff to:

9.3.1. Intervene when youth are known to be exhibiting suicidal or self-harm behavior.

9.3.2. Immediately obtain medical care as needed.

9.3.3. Upon SPL placement, conduct room search (in accordance with Policy 42, *Search & Seizure*) and remove potentially harmful objects.

9.3.4. Maintain youth outside their room and in group milieu during waking hours when possible.

9.3.5. Provide auditory monitoring of bathroom and shower use; keep door ajar and make visual observation at least every three minutes.

9.3.6. Notify DMHP of new risk factors, warning signs, or a decrease in protective factors.

9.3.7. Document observations, behaviors, or interaction every 15 minutes in the Youth Suicide Precaution Tracking form.

9.4. SPL 4 requires staff to:

9.4.1. Intervene when youth are known to be exhibiting suicidal or self-harm behavior.

9.4.2. Immediately obtain medical care as needed.

9.4.3. Upon SPL placement, conduct room search (in accordance with Policy 42, *Search & Seizure*) and remove potentially harmful objects.

9.4.4. Maintain youth outside their room and in group milieu during waking hours when possible.

9.4.5. Notify DMHP of new risk factors, warning signs, or a decrease in protective factors.

9.4.6. Document observations, behavior, or interaction in the unit log. At a minimum, a log entry should be made toward the end of each shift.

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10. Staff will document observations, behaviors or interactions of youth on SPL 1, 2 and 3 on the Youth Suicide Precaution Tracking Form. Tracking must be done on an irregular schedule within the required time frames outlined above.

10.1. SPL 4 documentation will be completed following shift observation, in the living unit log, at least every eight hours.

11. Staff may increase an SPL or change supervision conditions as indicated by:

11.1. Suicidal or self-harm behavior; or

11.2. Risk factors or warning signs; or

11.3. Decrease of protective factors.

12. Staff will consult with the DMHP and confirm as soon as possible an SPL increase and/or change of supervision conditions.

13. Staff will consider requesting a reduction of the SPL or changing supervision conditions when there has been:

13.1. A reduction in suicide and self-harm risk factors or warning signs; or

13.2. An increase in protective factors.

14. The DMHP is the only staff authorized to reduce the SPL and supervision conditions. To increase youth safety and minimize vulnerabilities, recommendations to the DMHP for reduction or removal will occur between 8:00 a.m. and 5:00 p.m. (*Use Procedure 24.1, Reducing a Youth's SPL*)

15. Staff will communicate the approved SPL and supervision conditions to:

15.1. Youth;

15.2. Unit and other involved staff;

15.3. Program Manager;

15.4. Transportation staff if being transported;

15.5. Health care staff;

15.6. Any receiving residential placement; and

15.7. Custodial parent or legal guardian. Notification will be consistent with *JRA Policy 29, Confidentiality and Release of Records*

16. Staff will notify the Regional Administrator, Superintendent or designee of the approved SPL.

16.1. Superintendent/Regional Administrator or designee will review, consult and facilitate transfers of SPL youth as needed.

PAROLE

17. Staff will respond to known suicidal and self-harm behavior by:

17.1. Contacting law enforcement or emergency services as needed, and

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17.2. Communicating resources to youth and custodial parents or legal guardian consistent with *JRA Policy 29, Confidentiality and Release of Records*

18. Communication of resources, intervention referrals and contacts will be documented in ACT and communicated to the Regional Administrator or designee.

IV. REFERENCES

Standards (ACA, NCCHC)

V. PROCEDURES

PRO 24.1 – Reducing an SPL

VI. RELATED JRA POLICIES




Policy 18 – Transportation of JR Youth

Policy 34 - Reporting of JR Youth Abuse or Neglect

Policy 29 - Confidentiality and Release of Records

Policy 42 – Search & Seizure

Policy 24, **Suicide and Self-Harm Screening, Assessment and Intervention 2/1/2013****VII. FORMS AND DOCUMENTS**

Document Title	Available In ACT	Link to Paper form
Suicide Self-Harm Screen (SSS)		
Youth Suicide Precaution Tracking Form		<u>DSHS 20-214</u>
Supervision Conditions Form		
Suicide Precaution Level 1		
Suicide Precaution Level 2		
Suicide Precaution Level 3		
Suicide Precaution Level 4		

Suicide and Self-Harm Screen (SSS)

TYPE OF SCREEN	
<input type="checkbox"/>	Intake
<input type="checkbox"/>	SPL review / Reduction
<input type="checkbox"/>	Warning sign / Risk factor

YOUTH NAME	JRA NUMBER	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
INFORMATION SOURCES(S) (CHECK ALL USED) <input type="checkbox"/> DMHS <input type="checkbox"/> CHR <input type="checkbox"/> GAIN-SS <input type="checkbox"/> Case file <input type="checkbox"/> Legal log <input type="checkbox"/> Incident Reports <input type="checkbox"/> Previous SSS – needed for reduction <input type="checkbox"/> Other (describe):			
NAME OF STAFF COMPLETING SCREEN		DATE OF SCREEN	TIME OF SCREEN

Event Prompting SSS

Part I: Youth Self-Report

(DO NOT READ THIS QUESTION TO YOUTH. IT IS FOR INTERVIEWER USE ONLY.)

Did youth participate in Youth Self-Report?

- ☐ Yes
☐ No. Youth is unwilling to respond.
☐ No. Youth is not able to respond (highly dysregulated, being attended by medical, unconscious).
☐ No. Youth is not on site (transported to hospital or other institution).

If no, skip to Part II: Staff Observations/History.

INTERVIEWER: Orient youth to the interview including: purpose/reason; overview/what will be covered; confidentiality/ notification others; permission to ask questions/clarify throughout.

INTRODUCTION TO THE INTERVIEW: "I am going to ask you some questions related to self-harm and suicide. It is really important that we keep youth here safe and help them stay safe if they need help. Some of the questions are general and some are personal and may be difficult to talk about. Just answer the best you can – okay? Let's start with some basic questions."

1. Are you currently prescribed medications(s)? ☐ No ☐ Yes **If no, go to question 3.**

If yes, list all known:

2. In the past month, have you taken your medication(s) as prescribed? ☐ No ☐ Yes ☐ N/A

If no, explain:

INTERVIEWER: "Now I want to ask about your recent moods."

3. Have you been sadder than usual? ☐ No ☐ Yes

If yes, rate feeling 1 – 10 (1 = a little more sad; 10 = saddest you have ever been):

Comment:

4. Have you been more irritable or angry than usual? ☐ No ☐ Yes

If yes, rate feeling 1 – 10 (1 = a little more irritable or angry; 10 = angriest you have ever been):

Comment:

5. Have you been more anxious than usual? ☐ No ☐ Yes

If yes, rate feeling 1 – 10 (1 = a little more anxious; 10 = most anxious you have ever been):

Comment:

6. Do you tend to do things impulsively or before thinking about them? ☐ No ☐ Yes

If yes, explain:

INTERVIEWER: "These next few questions are more personal and may be a bit harder to talk about, so take your time."

7. Have you been more hopeless or despairing about the future than usual? ☐ No ☐ Yes

If yes, rate feeling 1 – 10 (1 = a little more hopeless; 10 = most hopeless you have ever been):

Comment:

8. Do you feel unwanted or like a burden to your family or people close to you? ☐ No ☐ Yes

If yes, interviewer says: "That must be hard for you," or makes other appropriate empathetic response.

If yes, explain:

9. Have you had something bad or stressful happen to you lately? ☐ No ☐ Yes

If yes, what happened:

10. Have you lost or ended an important relationship lately? ☐ No ☐ Yes

If yes, interviewer says: "I'm sorry. That's hard at a time like this," or makes other appropriate empathetic response.

If yes, explain:

INTERVIEWER: "Now I want to ask you about self-harm and suicide. These questions are very personal, but important to ask. Some of these questions ask about **ever in your life** and some are about **right now**. Please ask me to clarify if you don't understand."

If the youth answers yes to any of the following self-harm or suicide questions, empathetic responses should be given.

11. Has anyone in your family or close to you died recently? ☐ No ☐ Yes

If yes, explain:

12. Has anyone in your family or close to you **ever** harmed or killed themselves? ☐ No ☐ Yes

If yes, explain:

13. Have you ever had **thoughts or urges** to harm or kill yourself? ☐ No ☐ Yes **If yes, answer a – b. If no, go to question 14.**

a. When was the last time (month, day, year)?

b. What thoughts did you have?

14. Have you ever told anyone, written down or done any artwork about wanting to harm or kill yourself?

☐ No ☐ Yes

If yes, explain:

15. Have you been hearing voices telling you to harm or kill yourself? ☐ No ☐ Yes

If yes, tell me about them:

16. Do you have a plan to harm or kill yourself? ☐ No ☐ Yes **If yes, answer a – b. If no, go to question 17.**

a. If yes, explain:

b. Do you have or could you get what you need to harm or kill yourself? ☐ No ☐ Yes

If yes, explain:

17. Have you ever **done anything** to harm or kill yourself? ☐ No ☐ Yes **If yes, answer a – e. If no, go to question 18.**

a. When was the first time (month, day, year)?

b. When was the last time (month, day, year)?

c. How many times total?

d. Have you ever seen a nurse, doctor, or gone to the hospital due to self-harm behavior? ☐ No ☐ Yes

e. On a scale of 0 – 10; 0 = no intention and 10 = very serious intent; how much did you want to kill yourself?

If youth answers yes, describe what they did and document outcomes, particularly for the most recent incident?

INTERVIEWER: *If youth answered yes to question 17, after asking a – e, say “I appreciate your honesty. It’s good for me to know this information. I don’t want you to harm or try to kill yourself again. We will help you make a safety plan; you’re not alone. We’ll come back to this later.”*

18. Do you wish you were dead now? ☐ No ☐ Yes ☐ Don’t care

Comment:

INTERVIEWER: *If yes, follow with “I am concerned about you. It must be hard to feel that way. We’re going to work on some options for you,” or some other empathetic response.*

19. Is there anything else you think I should know about you and your risk for self-harm? ☐ No ☐ Yes

If yes, document:

20. If you have thoughts of harming or killing yourself while you are here, will you let staff know? ☐ No ☐ Yes

If yes, document what youth agrees to:

21. Will you make a commitment or a promise to keep yourself safe or tell staff if you feel like harming or killing yourself?

☐ No ☐ Yes

Comment:

INTERVIEWER: “Thank you for your willingness to answer these questions. I appreciate your honesty.”

Explain that you need to take a few moments to review the responses and possibly consult with other staff members. You will then get back to the youth and let youth know what the next steps will be. If youth is at imminent risk of self-harm or suicide, be sure to take immediately steps to keep youth safe. Speak to the youth with warm and supportive statements such as “I am concerned about you. Here is what I am going to do to keep you safe right now.”

Part II: Staff Observations/History

22. Is youth currently prescribed psychotropic medication(s)? ☐ No ☐ Yes

If yes, explain:

23. In the past month, has the youth taken his/her medication(s) as prescribed? ☐ No ☐ Yes ☐ N/A

If yes, explain:

24. Has youth expressed or demonstrated sadness, irritability, hopelessness, despair, or anxiousness?

☐ No ☐ Yes

If yes, explain:

25. Has youth demonstrated impulsivity? ☐ No ☐ Yes

If yes, explain:

26. Has youth demonstrated increased withdrawal or isolation? ☐ No ☐ Yes
If yes, explain:
27. Has youth experienced changes/disruption of close interpersonal relationships? ☐ No ☐ Yes
If yes, explain:
28. Has youth had a family member or anyone close to him/her ever harm or kill self, or die recently? ☐ No ☐ Yes
If yes, explain:
29. Has youth reported experiencing hallucinations in which he/she was told to harm or kill self? ☐ No ☐ Yes
If yes, explain:
30. Has youth demonstrated other warning signs? ☐ No ☐ Yes If yes, check all that apply.
☐ Declining school performance ☐ Sleeping too much or too little
☐ Changes in weight or appetite ☐ Loss of pleasure/interest in usual activities
☐ Negative environmental changes in the last month
☐ Other (describe):
If yes, explain:
31. Does the youth have a DSM-IV Axis I or Axis II diagnosis? ☐ No ☐ Yes
If yes, document:
32. Is there evidence youth has regularly used or abused substances in the past six (6) months? ☐ No ☐ Yes
If yes, explain:
33. Has youth made statements, written anything, or done artwork about wanting to be dead, harm or kill self?
☐ No ☐ Yes
If yes, explain:
34. Is there any evidence or record that youth has ever harmed or planned to harm self? ☐ No ☐ Yes
If yes, explain:
35. Has youth identified a current plan to harm or kill self? ☐ No ☐ Yes **If yes, answer question 36. If no, go to question 37.**
If yes, explain:
36. Has youth taken steps to put plan in action? ☐ No ☐ Yes
If yes, explain:
37. Is youth working on a BCA, learning skills, or implementing a prevention plan (reducing vulnerabilities)?
☐ No ☐ Yes ☐ N/A (intake only)
If yes or no, explain:
38. If applicable, please add any other pertinent information not covered above:

Part III: Suicide Precaution Level Recommendation

Describe rationale for recommendation. If this is an initial SSS, or is to increase SPL, refer to risk and protective factors in screen. If reducing SPL, refer to risk and protective factors and also include information from the SPL reduction packet.

Recommended Suicide Precaution Level: ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ No Level

Part IV: Suicide Precaution Level Notification / Approval

NOTIFICATION

WHO

TIME

DATE

☐ Designated Mental Health Professional

WHO

TIME

DATE

☐ Officer of the Day (OD)

WHO

TIME

DATE

☐ Program Administrator or Designee

WHO

TIME

DATE

☐ Parent/Legal Guardian

DMHP Approved Suicide Precaution Level: ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ No Level

DMHP Approved Conditions of Confinement:

Supervision Conditions: Suicide Precaution Level 1

YOUTH	JRA NUMBER	FACILITY / LIVING UNIT
DMHP	STAFF	
DATE AND TIME	PLACEMENT OR REVIEW	SSS DATE

☐ **Standard supervision conditions**

☐ **Youth cannot have these items:**

<input type="checkbox"/> Belt	<input type="checkbox"/> Jewelry	<input type="checkbox"/> Pillows	<input type="checkbox"/> Shorts
<input type="checkbox"/> Blankets	<input type="checkbox"/> Mattress	<input type="checkbox"/> Pillow cases	<input type="checkbox"/> Socks
<input type="checkbox"/> Book	<input type="checkbox"/> Paper	<input type="checkbox"/> Sandals	<input type="checkbox"/> Sweat pants
<input type="checkbox"/> Clothing strings	<input type="checkbox"/> Pants	<input type="checkbox"/> Sheets	<input type="checkbox"/> T-shirt
<input type="checkbox"/> Crayon	<input type="checkbox"/> Pen / pencil	<input type="checkbox"/> Shoes	<input type="checkbox"/> Underwear
<input type="checkbox"/> Other / comments:			

☐ **Added supervision conditions:**

<input type="checkbox"/> Jumpsuit	<input type="checkbox"/> Safety blanket	<input type="checkbox"/> Safety mattress	<input type="checkbox"/> Safety smock
<input type="checkbox"/> Other / comments:			

☐ **Searches:**

<input type="checkbox"/> Common area	<input type="checkbox"/> Electronic	<input type="checkbox"/> Frisk	<input type="checkbox"/> Room	<input type="checkbox"/> Strip
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Please note frequency of search:

☐ **Program changes** (school, meals, recreation, etc.):

Supervision Requirements:

1. Intervene when youth are known to be exhibiting suicide or self-harm behavior as needed.
2. Immediately obtain medical care as needed.
3. Provide one to one continuous supervision and conduct no other task.
4. Maintain full view of youth and keep within three feet of distance.
5. Upon SPL placement, conduct room search and remove potentially harmful objects.
6. Visually monitor use of bathroom and shower.
7. Notify DMHP of new risk factors, warning signs, or a decrease in protective factors.
8. Document observations, behaviors, or interaction every 10 minutes in the Youth Suicide Precaution Tracking form.

Supervision Conditions: Suicide Precaution Level 2

YOUTH	JRA NUMBER	FACILITY / LIVING UNIT
DMHP	STAFF	
DATE AND TIME	PLACEMENT OR REVIEW	SSS DATE

☐ **Standard supervision conditions**

☐ **Youth cannot have these items:**

- | | | | |
|--|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Belt | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Pillows | <input type="checkbox"/> Shorts |
| <input type="checkbox"/> Blankets | <input type="checkbox"/> Mattress | <input type="checkbox"/> Pillow cases | <input type="checkbox"/> Socks |
| <input type="checkbox"/> Book | <input type="checkbox"/> Paper | <input type="checkbox"/> Sandals | <input type="checkbox"/> Sweat pants |
| <input type="checkbox"/> Clothing strings | <input type="checkbox"/> Pants | <input type="checkbox"/> Sheets | <input type="checkbox"/> T-shirt |
| <input type="checkbox"/> Crayon | <input type="checkbox"/> Pen / pencil | <input type="checkbox"/> Shoes | <input type="checkbox"/> Underwear |
| <input type="checkbox"/> Other / comments: | | | |

☐ **Added supervision conditions:**

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Jumpsuit | <input type="checkbox"/> Safety blanket | <input type="checkbox"/> Safety mattress | <input type="checkbox"/> Safety smock |
| <input type="checkbox"/> Other / comments: | | | |

☐ **Searches:**

- | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Common area | <input type="checkbox"/> Electronic | <input type="checkbox"/> Frisk | <input type="checkbox"/> Room | <input type="checkbox"/> Strip |
|--------------------------------------|-------------------------------------|--------------------------------|-------------------------------|--------------------------------|
- Please note frequency of search:

☐ **Program changes** (school, meals, recreation, etc.):

Supervision Requirements:

1. Intervene when youth are known to be exhibiting suicide or self-harm behavior.
2. Immediately obtain medical care as needed.
3. Upon SPL placement, conduct room search and remove potentially harmful objects.
4. Maintain youth outside their room and in group milieu during waking hours when possible and appropriate.
5. Auditorily monitoring of bathroom and shower use; keep door ajar and make visual observation at least every three minutes.
6. Notify DMHP of new risk factors, warning signs, or a decrease in protective factors.
7. Document observations, behaviors, or interaction every 10 minutes in the Youth Suicide Precaution Tracking form.

Supervision Conditions: Suicide Precaution Level 3

YOUTH	JRA NUMBER	FACILITY / LIVING UNIT
DMHP	STAFF	
DATE AND TIME	PLACEMENT OR REVIEW	SSS DATE

☐ **Standard supervision conditions**

☐ **Youth cannot have these items:**

<input type="checkbox"/> Belt	<input type="checkbox"/> Jewelry	<input type="checkbox"/> Pillows	<input type="checkbox"/> Shorts
<input type="checkbox"/> Blankets	<input type="checkbox"/> Mattress	<input type="checkbox"/> Pillow cases	<input type="checkbox"/> Socks
<input type="checkbox"/> Book	<input type="checkbox"/> Paper	<input type="checkbox"/> Sandals	<input type="checkbox"/> Sweat pants
<input type="checkbox"/> Clothing strings	<input type="checkbox"/> Pants	<input type="checkbox"/> Sheets	<input type="checkbox"/> T-shirt
<input type="checkbox"/> Crayon	<input type="checkbox"/> Pen / pencil	<input type="checkbox"/> Shoes	<input type="checkbox"/> Underwear
<input type="checkbox"/> Other / comments:			

☐ **Added supervision conditions:**

<input type="checkbox"/> Jumpsuit	<input type="checkbox"/> Safety blanket	<input type="checkbox"/> Safety mattress	<input type="checkbox"/> Safety smock
<input type="checkbox"/> Other / comments:			

☐ **Searches:**

<input type="checkbox"/> Common area	<input type="checkbox"/> Electronic	<input type="checkbox"/> Frisk	<input type="checkbox"/> Room	<input type="checkbox"/> Strip
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Please note frequency of search:

☐ **Program changes** (school, meals, recreation, etc.):

Supervision Requirements:

1. Intervene when youth are known to be exhibiting suicide or self-harm behavior as needed.
2. Immediately obtain medical care as needed.
3. Upon SPL placement, conduct room search and remove potentially harmful objects.
4. Maintain youth outside their room and in group milieu during waking hours when possible and appropriate.
5. Auditory monitoring of bathroom and shower use; keep door ajar and make visual observation at least every three minutes.
6. Notify DMHP of new risk factors, warning signs, or a decrease in protective factors.
7. Document observations, behavior, or interaction every 15 minutes in the Youth Suicide Precaution Tracking form.

Supervision Conditions: Suicide Precaution Level 4

YOUTH	JRA NUMBER	FACILITY / LIVING UNIT
DMHP	STAFF	
DATE AND TIME	PLACEMENT OR REVIEW	SSS DATE

☐ **Standard supervision conditions**

☐ **Youth cannot have these items:**

<input type="checkbox"/> Belt	<input type="checkbox"/> Jewelry	<input type="checkbox"/> Pillows	<input type="checkbox"/> Shorts
<input type="checkbox"/> Blankets	<input type="checkbox"/> Mattress	<input type="checkbox"/> Pillow cases	<input type="checkbox"/> Socks
<input type="checkbox"/> Book	<input type="checkbox"/> Paper	<input type="checkbox"/> Sandals	<input type="checkbox"/> Sweat pants
<input type="checkbox"/> Clothing strings	<input type="checkbox"/> Pants	<input type="checkbox"/> Sheets	<input type="checkbox"/> T-shirt
<input type="checkbox"/> Crayon	<input type="checkbox"/> Pen / pencil	<input type="checkbox"/> Shoes	<input type="checkbox"/> Underwear
<input type="checkbox"/> Other / comments:			

☐ **Added supervision conditions:**

<input type="checkbox"/> Jumpsuit	<input type="checkbox"/> Safety blanket	<input type="checkbox"/> Safety mattress	<input type="checkbox"/> Safety smock
<input type="checkbox"/> Other / comments:			

☐ **Searches:**

<input type="checkbox"/> Common area	<input type="checkbox"/> Electronic	<input type="checkbox"/> Frisk	<input type="checkbox"/> Room	<input type="checkbox"/> Strip
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Please note frequency of search:

☐ **Program changes** (school, meals, recreation, etc.):

Supervision Requirements:

1. Intervene when youth are known to be exhibiting suicide or self-harm behavior as needed.
2. Immediately obtain medical care as needed.
3. Upon SPL placement, conduct room search and remove potentially harmful objects.
4. Maintain youth outside their room and in group milieu during waking hours when possible and appropriate.
5. Notify DMHP of new risk factors, warning signs, or a decrease in protective factors.
6. Document observations, behavior, or interaction in the unit log. At a minimum, a log entry should be made toward the end of each shift.